**HEALTHY INDIANA PLAN℠**
**Employer Benefit Link**

# New Employer Application

## Application Submission Checklist

☐ Employer Application
  ☐ Business Legal Name and FEIN
  ☐ Primary Contact Information
  ☐ Type of Group Health Insurance Plan
  ☐ Attach Benefit Summaries for each Plan including Dental and Vision, if offered
  ☐ Attach Premium Rates for each Plan including Dental and Vision, if offered
  ☐ Attach HRA Contribution Amount, if offered
  ☐ Open Enrollment Period
  ☐ Waiting Period
  ☐ Health Insurance Plan Name, Certificate ID and Group ID including Dental and Vision, if offered
  ☐ Program Administrator Information if different from Primary Contact

All application material is submitted online.  Additional information is available in the Employer Manual at HIP.IN.gov.  Comments or questions may be sent to HIPLINK.ECT@fssa.in.gov.